

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000638

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

53
FILED FEB 5 1962

3010

69

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Alexander	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in lb 3 days	c. CITY OR TOWN Olive Branch,
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Olive Branch,
3. NAME OF DECEASED (Type or print) First Everett Middle Duncan Last Powless		4. DATE OF DEATH Month Jan. Day 29 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/12/1907
9. AGE (last birthday) 54		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor		10b. KIND OF BUSINESS OR INDUSTRY Motel	11. BIRTHPLACE (City and state or country) Diswood, Illinois
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Wm Hall Powless	
13b. MOTHER'S MAIDEN NAME Altha Lawrence		14. NAME OF HUSBAND OR WIFE Helen Powless	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 9	
17. INFORMANT Helen Powless		Address Olive Branch, Ill.	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cs Colon & Metastases		INTERVAL BETWEEN ONSET AND DEATH 12 year	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 3/31/62 to Jan. 29, 1962 and last saw him alive on 1/29/62 Death occurred at 7:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank Hall M.D.		22b. ADDRESS Cape Girardeau, Mo	
22c. DATE SIGNED 1-30-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/31/62	23c. NAME OF CEMETERY OR CREMATORY Hickory Mergis	23d. LOCATION (City, town, or county) Tamms, RFD, Illinois
24. FUNERAL DIRECTOR J.E. Farnsworth, Farnsworth P.H., Tamms, Ill.		25. DATE RECD. BY LOCAL REG. 1-30-62	26. REGISTRAR'S SIGNATURE Lorne Kasten

(Licensed Embalmer's Statement on Reverse Side)

FEB 9 1962

FEB 6 1962

MAR 16 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. E. Ammer

Licensed Embalmer No.

8341

P. O. Address

Jamms, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.